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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of PCT/EP03/02333 03/07/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 GERMANY 102 15 054.0 04/05/2002

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 09/21/2005

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
26158

**TITLE**  
Head restraint for a vehicle seat

<b>FILING FEE RECEIVED</b> 1424	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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